

RECEIVED
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Application No. : 09/898,282
Applicant : Printz, *et al.*
Filed : July 3, 2001
TC/A.U. : 2655
Examiner : WOZNIAK, James S.

Confirmation No. : JUL 28 2004

OFFICIAL

Docket No. : 6169-186
IBM Docket No. : BOC9-2000-0052

PETITION FOR RETROACTIVE EXTENSION OF TIME

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Petition for Retroactive Extension of Time pursuant to 37 CFR § 1.136. The Commissioner is hereby authorized to charge the required fee in the amount of \$110.00 for a (1) month extension of time pursuant to 37 CFR § 1.17(a)(1) to Deposit Account No. 50-0951. A duplicate copy of this communication is enclosed.

Respectfully submitted,

Date:

7/26/04



Gregory A. Nelson, Registration No. 30,577
Richard A. Hinson, Registration No. 47,652
Brian K. Buchheit, Registration No. 52,667
AKERMAN SENTERFITT
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{WP136101;1}

Certificate Under 37 CFR 1.8(a)

I hereby certify that this correspondence is being transmitted via facsimile transmission to MAILSTOP AMENDMENT, Commissioner for Patents at 703-872-9306 on

Date

7/26/04



Richard A. Hinson, Esquire

Reg. No. 47,652

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09898282

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---------------|--------------|
| TOTAL CLAIMS | 21 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 21 minus 20 = | 1 |
| INDEPENDENT CLAIMS | 4 minus 3 = | 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9= | | OR | X\$18= | 18 |
| X40= | | OR | X80= | 80 |
| +135= | | OR | +270= | |
| TOTAL | | OR | TOTAL | 808 |

CLAIMS AS AMENDED - PART II

| | (Column 1) | | (Column 2) | | (Column 3) |
|-------------|---|----|---|----|------------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| | Total | 21 | Minus | 21 | = |
| | Independent | 4 | Minus | 4 | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

7/26/04

| | (Column 1) | | (Column 2) | | (Column 3) |
|-------------|---|----|---|----|------------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| | Total | 21 | Minus | 21 | = |
| | Independent | 4 | Minus | 4 | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | (Column 1) | | (Column 2) | | (Column 3) |
|-------------|---|--|---|----|------------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| | Total | | Minus | 21 | = |
| | Independent | | Minus | 4 | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.